

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

July 10, 2007

Cynthia Williams
The Haven
1119 West Hudson Avenue
Nampa, ID 83651

License #: RC-832

Dear Ms. Dennis:

On May 25, 2007, a Fire Life Safety Survey was conducted at The Haven. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY, Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program





C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

June 27, 2007

Cynthia Williams The Haven 1119 Hudson Avenue Nampa, ID 83651

Dear Ms. Williams:

I have received your request dated June 25, 2007 for a time extension for punch list items #2, #3, #6, and #7. This office is granting you your request for a time extension. This extension will expire on July 15, 2007.

Please keep me informed as to the progress and expected completion date for the work.

If you have any questions or concerns please feel free to contact me.

Sincerely,

Taylor Barkley, Surveyor

Facility Fire and Safety Construction

TB/lj

c: Mark Grimes, Supervisor, Facility Fire and Safety Construction



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June 6, 2007

Robert Williams, Administrator The Haven 1119 West Hudson Avenue Nampa, ID 83651

Dear Mr. Williams:

On May 25, 2007, a life safety code survey was conducted at The Haven. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 24, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - BUILDING 1 B. WING 13R832 05/25/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1119 WEST HUDSON AVENUE HAVEN, THE NAMPA, ID 83651 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on May 25, 2007. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
The Haven	1119 Hudson Ave	208-465.1829
Administrator	City	ZIP Code
Robert Williams	LI AGMAN	83651
Survey Team Leader	Survey Type	Survey Date
TAYLOR BAYKley		5-25-7

	Aylor B	PARKIEY	5-25-	7			
NON-	NON-CORE ISSUES						
ITEM #	RULE# 16.03.22	DESCRIPTION		DATE RESOLVED	BFS USE		
1		The facility did not conduct one drill per shift	oer	(; - 25-7	53 7 8 95 9 98 49 95 9		
		Quarter As required.					
1.6	463.01	The sprinkler riser control value is not supervi	Sed.	7-(0)-7			
3.	405.01	The laundry room has AN extension cord powering	ue the	:	sauren eine		
		ceiling light fixture		7-10-7	रउ		
닉	<u>405.01</u>	Resident Room to has a multiple electrical a	dopter.	6-25-7			
	415.02		(116				
		devices inspection.		6-25-7	626060		
6	415.04		inspection	6-25-7			
~		The facility did not have the annual sprinkler system i			90 E 9 9		
8		The back porch has a ramp without hand rails.	P I	6-25-7			
9_	250.07F	The back porch has steps without hand rails,		6-25-7	66 03 65 6		
1 1	350.07 F	The deck has three sets of steps without hand vai	15.	6-25-7			
11	405.05	Resident room # 1 has a solid curtain dividing the roo	m. This				
		Curtain will prevent sprinkler flow from reaching on	le l				
		SIDE of the room.		6-25-7			
	se Required Date	Signature of Facility Representative		Date Signed	,		
<u>6-</u>	25-1	Chart 7 Mathenson		5/25/4	-7_		



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	TAYLOR	Barkley	·	5.25-	7	
NON-	-CORE ISSU	ES '				
ITEM #	RULE# 16.03.22		DESCRIPTION		DATE RESOLVED	BFS USE
19	405.01	The back porch ha	s An electrical outlet with	out		
***************************************	-	A cover.			6-25-7	88 880 690 F
13	405,06	The driveway conci	rete has a drop off ledge in	v it.		
	***************************************	The drop is approxim	nateley five inches. This surf	9CP		GE GE GE
		needs to be level	for the loading and unloadin	E 0 f		00.50 St. 1
		residents and state			6.25-7	90 50 5 1 5 5 5 - 5 5
14	405,01	The back porch has el	ectrical wiring that is stape	ld to		0.00
			I the building. This wiring ent			
		the back of the hous	se through a hole in the wall	. There		
************************		is NO CONDUIT AND	the ortlets provided are a	of GFCI		
			needs to he inspected by	/ A		
		licensed electrician.		****	6-25-7	
		, , , , , , , , , , , , , , , , , , , ,				
						80 Sept.
<u> </u>	***************************************					94 (21/21/14
***	se Required Date	Signature of Facility Representative			Date Signed	/_
<u> </u>	35.7	Chro. C. 7 Hutchel	<u>(4.56-2)</u>		5/25/	<u>C'7</u>